



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

FILE COPY

C. L. "BUTCH" OTTER, GOVERNOR  
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January 22, 2010

Torrey Bollinger  
Preferred Community Homes - Vineyards  
7091 West Emerald Street  
Boise, ID 83704

RE: Preferred Community Homes - Vineyards, provider #13G028

Dear Mr. Bollinger:

This is to advise you of the findings of the Medicaid/Licensure survey of Preferred Community Homes - Vineyards, which was conducted on January 11, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. Answer the deficiency statement, specifically indicating how the problem will be, or has been, corrected. Do not address the specific examples. Your plan must describe how you will ensure correction for all individuals potentially impacted by the deficient practice.
2. Identify the person or discipline responsible for monitoring the changes in the system to ensure compliance is achieved and maintained. This is to include how the monitoring will be done and at what frequency the person or discipline will do the monitoring.
3. Identify the date each deficiency has been, or will be, corrected.
4. Sign and date the form(s) in the space provided at the bottom of the first page.

Mr. Torrey Bollinger  
January 22, 2010  
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5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 4, 2010**, and keep a copy for your records.

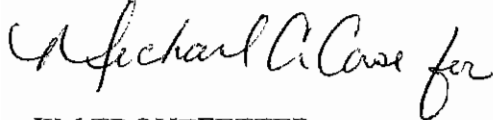
You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

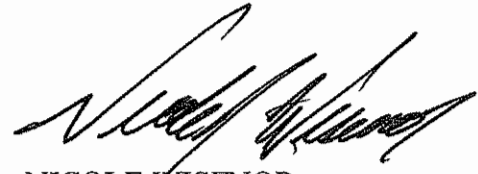
This request must be received by February 4, 2010. If a request for informal dispute resolution is received after February 4, 2010, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



JIM TROUTFETTER  
Health Facility Surveyor  
Non-Long Term Care



NICOLE WISENOR  
Co-Supervisor  
Non-Long Term Care

JT/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

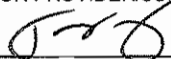
PRINTED: 01/21/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G028</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/11/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>PREFERRED COMMUNITY HOMES - VINEYARDS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2226 WEST SONOMA DRIVE MERIDIAN, ID 83642</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS  The following deficiencies were cited during the annual recertification survey.  The survey was conducted by: Jim Troutfetter, QMRP, Team Lead Michael Case, LSW, QMRP  Common abbreviations/symbols used in this report are:  AQMRP - Assistant Qualified Mental Retardation Professional CNA - Certified Nurse's Aid HRC - Human Rights Committee IDT - Interdisciplinary Team IPP - Individual Program Plan LPN - Licensed Practical Nurse Mandt - A behavior intervention system OCD - Obsessive Compulsive Disorder PCLP - Person Centered Lifestyle Plan PICA - Ingesting non-edible items RN - Registered Nurse	W 000	"Preparation and implementation of this plan of corrections does not constitute admission or agreement by Vineyards with the facts, findings, or other statements as alleged by the State agency dated February 23, 2009. Submission of this plan of correction is required by law and does not evidence the truth of any of the findings as stated by the survey agency. Vineyards specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."		
W 124	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS  The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure sufficient information was provided to parents/guardians on	W 124	<div style="text-align: center;"> <p>RECEIVED</p> <p>FEB 08 2010</p> <p>FACILITY STANDARDS</p> </div>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

2/4/10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 124	<p>Continued From page 1</p> <p>which to base consent decisions for 3 of 3 individuals (Individuals #1-#3) whose written informed consents were reviewed. This resulted in conflicting information being provided to individuals' guardians regarding restrictive interventions. The findings include:</p> <p>1. Individual #1's 5/27/09 PCLP stated she was a 61 year old female whose diagnoses included severe mental retardation. Her record included a consent, dated 11/13/09, for restraint during dental and medical procedures which included holding her head and hands.</p> <p>The consent did not include a description of the restraint, how it was to be implemented, who was to implement the restraint, etc.</p> <p>When asked during an interview on 1/11/10 from 1:00 - 2:10 p.m., the RN stated the CNA or one particular LPN were the only staff that could implement the restraints, but a description of the restraint did not exist. The RN stated it depended on the individual and their needs.</p> <p>The facility failed to ensure Individual #1's consent for restraint during dental and medical procedures contained sufficient information to allow the guardian to make informed decisions regarding its use.</p> <p>2. Individual #2's IPP, dated 2/24/09, documented a 52 year old female diagnosed with profound mental retardation. Her record included a consent, dated 11/12/09, for restraint during dental and medical procedures which included holding her head and hands.</p> <p>The consent did not include a description of the</p>	W 124	<p><b>W124 483.420(a)(2) PROTECTION OF CLIENTS RIGHTS</b></p> <p>All written informed consents for individuals that have restrictive components and behavior modifying medications within their IPP's will be reviewed. These consents will be revised to ensure that sufficient and accurate information is provided to parents/guardians that allows them to make an informed decision on the proposed intervention. This will include accurate information regarding the use of medications, descriptions of restraints, how restraints are to be used, and who is to implement the restraints. An IDT meeting will be held quarterly and all written informed consents will be reviewed, discussed, and revised to ensure that accurate information is being provided to parents/guardians.</p> <p>Persons Responsible: Administrator, QMRP, LPN, and RSC Completion Date: April 4, 2010</p>		

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W 124	<p>Continued From page 2</p> <p>restraint, how it was to be implemented, who was to implement the restraint, etc.</p> <p>When asked during an interview on 1/11/10 from 1:00 - 2:10 p.m., the RN stated the CNA or one particular LPN were the only staff that could implement the restraints, but a description of the restraint did not exist. The RN stated it depended on the individual and their needs.</p> <p>The facility failed to ensure Individual #2's consent for restraint during dental and medical procedures contained sufficient information to allow the guardian and HRC to make informed decisions regarding its use.</p> <p>3. Individual #3's PCLP, dated 7/6/09, documented a 41 year old male diagnosed with depression, autism, OCD, and profound mental retardation.</p> <p>Individual #3's record contained a Written Informed Consent, dated 8/8/09, documenting he received Klonopin (an anticonvulsant drug) for autism and OCD as exhibited by not leaving the house. However, Individual #3's Medication Reduction Plan, dated 11/18/09, documented he received Klonopin for autism and OCD as exhibited by aggression.</p> <p>When asked during an interview on 1/11/10 from 1:00 - 2:10 p.m., the AQMRP stated Klonopin was given for anxiety, OCD, and aggression. She further stated the Written Informed Consent needed to be clarified.</p> <p>The facility failed to ensure Individual #3's Written Informed Consent contained accurate information regarding the use of Klonopin.</p>	W 124			

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W 264	<p><b>483.440(f)(3)(iii) PROGRAM MONITORING &amp; CHANGE</b></p> <p>The committee should review, monitor and make suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the Human Rights Committee sufficiently monitored the facility's policy related to restrictive practices that had the potential to effect 6 of 6 individuals (Individuals #1 - #6) residing at the facility. This resulted in the potential for individuals' rights to be violated. The findings include:</p> <p>1. The facility's policy titled Behavior Method Hierarchy and Definitions, dated 8/29/09, contained several restrictive interventions including, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>- "Taking Away of Privileges: to restrict someone's earned privileges in response to inappropriate behavior."</li> <li>- "Personal Room Searches: includes the physical search for items that are not the client's own in the client's personal area, belongings, or clothing. A personal search may include a body search (being 'pat [sic] down' and asked to empty pockets)."</li> </ul>	W 264	<p><b>W264 483.440(f)(3)(iii) PROGRAM MONITORING &amp; CHANGE</b></p> <p>The facility will ensure that the Human Rights Committee reviews the facility's policy related to restrictive practices. The Human Rights Committee will review this policy quarterly or when a revision to the policy is made.</p> <p>Person Responsible: Human Rights Committee Chairperson Completion Date: March 4, 2010</p>		

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W 264	Continued From page 4  - "Facility Restriction: to restrict someone to a certain place as a consequence or as a protective measure when a client has been assessed to be at a current high-risk to sexually re-offend."  - "Restitution: the restoring to the rightful owner of something that has been taken away, lost, or surrendered."  - "Mechanical restraints: is any mechanical device, material, or equipment attached or adjacent to the individual's body that he/she cannot remove easily and that restricts freedom of movement or normal access to his/her body."  The policy stated "This policy will be reviewed by the Human Rights Committee and revised as appropriate."  When asked how often the facility's HRC reviewed the policy, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the HRC had not reviewed the policy. When asked, the Behavior Specialist could not recall the last time the HRC reviewed the behavior policy.	W 264			
W 274	483.450(b)(1) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  The facility must develop and implement written policies and procedures that govern the management of inappropriate client behavior.	W 274			

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W 274	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the behavior policy was sufficiently developed to govern the management of maladaptive behaviors that had the potential to effect 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in a lack of sufficient procedures by which to develop behavior support plans. The findings include:</p> <p>The facility's policy titled Behavior Method Hierarchy and Definitions, dated 8/29/09, was reviewed and included the following:</p> <p>a. Under the section titled Policy, it stated "When making a determination to whether a formal behavioral support program is implemented, all the following factors will be considered: Baseline data of maladaptive behavior, Historical maladaptive behavior, (and) Potential environmental and medical factors for the maladaptive behavior."</p> <p>The policy did not include procedures related to the analyses of all potential causes of maladaptive behavior.</p> <p>b. Under the section titled Procedure, it stated "Behavior Modification Programs are implemented at the recommendation of the IDT Team, after review of baseline data."</p> <p>The policy did not identify how long baseline data was to be collected prior to the IDT's recommendation to implement a program. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., baseline data was collected for 30 days.</p>	W 274	<p><b>W274 483.450(b)(1) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b></p> <p>The facility's behavior policy will be reviewed and revised by the team of administrators and the behavior specialist to ensure that the policy is sufficiently able to govern the management of maladaptive behavior. This policy will be reviewed quarterly or when a revision is made to it by the administrative team/behavior specialist and the Human Rights Committee.</p> <p>Person Responsible: PCH Administrative team/behavior specialist Completion Date: April 4, 2010</p>		

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W 274	<p>Continued From page 6</p> <p>The policy did not identify at what point a behavioral assessment would be conducted prior to implementing a program. When asked, the Behavior Specialist stated initial behavior assessments were completed using only historical information, and after the 30 day baseline data was collected, assessments were then updated if needed.</p> <p>Additionally, the policy did not identify exceptions to the 30 day baseline data rule for maladaptive behavior that required intervention prior to 30 days.</p> <p>c. Under the section titled Level 4, which required HRC and guardian consent, it stated "Taking Away of Privileges: to restrict someone's earned privileges in response to inappropriate behavior."</p> <p>The policy did not clearly define "earned privilege." When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., it was like response cost.</p> <p>However, the policy included a definition of "Response Cost" which stated "a consequence procedure that involves the individual paying back something of value in response to engaging in the specific behavior."</p> <p>d. Under the section titled Level 4, it stated "Personal Room Searches: includes the physical search for items that are not the client's own in the client's personal area, belongings, or clothing. A personal search may include a body search (being 'pat [sic] down' and asked to empty pockets)."</p>	W 274			

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W 274	<p>Continued From page 7</p> <p>The policy did not include the conditions under which a room search and body search could be utilized.</p> <p>When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the intervention was used on an individual basis or could be used if an individual was taking another individual's personal items.</p> <p>e. Under the section titled Level 4, it stated "Facility Restriction: to restrict someone to a certain place as a consequence or as a protective measure when a client has been assessed to be at a current high-risk to sexually re-offend."</p> <p>The policy did not identify whether the restriction was time limited and what constituted a "certain place." When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the restriction was not time limited and was used on an individual basis.</p> <p>Additionally, it was unclear why the restriction was in the policy for Individuals #1 - #4 as they were not "assessed to be at a current high-risk to sexually re-offend." When asked, the Behavior Specialist stated the definition needed to be revised to include all individuals regardless of their maladaptive behavior.</p> <p>f. Under the section titled Level 4, it stated "Response Cost: a consequence procedure that involves the individual paying back something of value in response to engaging in the specific behavior" and "Restitution: the restoring to the rightful owner of something that has been taken away, lost, or surrendered."</p>	W 274			

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W 274	<p>Continued From page 8</p> <p>The policy did not clearly define the differences between response cost and restitution. Further, the definition of restitution did not address property destruction.</p> <p>When asked about the difference, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., response cost involved giving back tokens and restitution involved paying for an item with money.</p> <p>g. Under the section titled Level 4, it stated "Behavioral Level System: a behavior modification level system takes into account behaviors, progress toward individual goals and achievement. Individuals that are on lower levels for behavioral incidents will have certain rights restricted as specified by the individual's specific behavior support plan."</p> <p>The policy did not identify what rights could be restricted. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the level system was no longer in use and the policy needed to be revised.</p> <p>h. Under the section titled Level 5, which required HRC and guardian consent, it stated "Protective Adaptive Equipment: equipment designed to protect an individual from harming himself or others. Examples: helmet for head banging, gloves for digging at skin or grabbing at others, mask for spitting."</p> <p>Under the section titled Level 5, it stated "Mechanical restraints: is any mechanical device, material, or equipment attached or adjacent to the individual's body that he/she cannot remove easily and that restricts freedom of movement or</p>	W 274			

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NAME OF PROVIDER OR SUPPLIER  <b>PREFERRED COMMUNITY HOMES - VINEYARDS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2226 WEST SONOMA DRIVE MERIDIAN, ID 83642</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 274	<p>Continued From page 9</p> <p>normal access to his/her body."</p> <p>The policy did not clearly define the differences between protective adaptive equipment and mechanical restraints.</p> <p>When asked about the differences, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., protective adaptive equipment could be removed by the individual at any time.</p> <p>i. Under the section titled Level 5, it stated "Supportive restraints may be utilized without prior consent in the case of an emergency, including any instance the resident is endangering themselves or others. Guardian notification is required immediately after the use of such restraints."</p> <p>The policy did not identify how many supportive restraints were allowed prior to their incorporation into a formal plan.</p> <p>When asked about the number of restraints allowed without consent, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the policy did not include that information.</p> <p>j. Under the section titled Level 5, it stated "Only staff members certified in MANDT may utilize supportive restraints with clients. No individual may participate in a restraint that has not completed MANDT training."</p> <p>The policy did not define supportive restraints. When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. -</p>	W 274			

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W 274	Continued From page 10 12:10 p.m., supportive restraints were used by nursing personnel during medical and dental examinations.  k. Under the section titled Level 6, it stated "The IDT Team will ensure that a decrease for each psychotropic medication is attempted at least annually."  The policy did not address or include procedures to be followed when decreasing psychotropic medications was contraindicated for individuals.  When asked, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the policy did not include procedures to be followed when a decrease in psychotropic medication was contraindicated.	W 274			
W 282	483.450(b)(1)(iv)(D) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  Procedures that govern the management of inappropriate client behavior must address the application of painful or noxious stimuli.  This STANDARD is not met as evidenced by: Based on review of the facility's behavior policy and staff interview, it was determined the facility failed to ensure the behavior policy addressed the application of painful or noxious stimuli that had the potential to effect 6 of 6 individuals (Individuals #1 - #6) residing in the facility. This resulted in a lack of sufficient procedures by which to develop behavior support plans. The	W 282	<b>W282 483.450(b)(1)(iv)(D) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b>  The facility's behavior policy will be reviewed and revised by the team of administrators and the behavior specialist to ensure that the policy addresses the application of painful or noxious stimuli and clearly defines aversion therapy. This policy will be reviewed quarterly or when a revision is made to it by the administrative team/behavior specialist and the Human Rights Committee.  Person Responsible: PCH Administrative team/behavior specialist Completion Date: April 4, 2010		

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W 282	Continued From page 11 findings include:  The facility's policy titled Behavior Method Hierarchy and Definitions, dated 8/29/09, stated the facility "Does not allow Aversion Therapy: involves a stimulus that the individual will actively work to avoid."  The policy did not clearly define "Aversion Therapy." When asked about the definition, the Behavior Specialist stated during an interview on 1/11/10 from 10:00 a.m. - 12:10 p.m., the facility does not allow it.  The policy did not address the use of painful or noxious stimuli. When asked, the Behavior Specialist stated the policy did not address its use.	W 282			
W 289	483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR  The use of systematic interventions to manage inappropriate client behavior must be incorporated into the client's individual program plan, in accordance with §483.440(c)(4) and (5) of this subpart.  This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure techniques used to manage inappropriate behavior were incorporated into the program plan for 1 of 3 individuals (Individual #2) whose records were reviewed. This resulted in interventions being used that were not included in the individual's IPP. The findings include:	W 289	<b>W289 483.450(b)(4) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR</b>  All individuals' IPP's will be reviewed and revised to include systematic interventions to manage inappropriate client behavior. All individuals' IPP's will be reviewed quarterly to ensure that they still include systematic interventions to manage inappropriate client behavior.  Person Responsible: AQMRP Completion Date: April 4, 2010		

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W 289	Continued From page 12 1. Individual #2's IPP, dated 2/24/09, documented a 52 year old female diagnosed with profound mental retardation.  Individual #2's record contained a Written Informed Consent, dated 11/12/09, authorizing Individual #2's hands and head to be held during dental or medical procedures. However, her IPP did not contain a program describing how the head and hand holds were to be accomplished.  When asked during an interview on 1/11/10 from 1:00 - 2:10 p.m., the AQMRP stated there was no program describing how to do the head or hand holds in her program.	W 289			
W 300	The facility failed to ensure directions for restraint were incorporated in Individual #2's IPP. <b>483.450(d)(3) PHYSICAL RESTRAINTS</b>  The facility must not issue orders for restraint on a standing or as needed basis.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure standing restraints were not in place for 1 of 2 individuals (Individual #1) whose restraint information was reviewed. This resulted in an individual having a restraint in place for dental and medical procedures that was not in use. The findings include:  1. Individual #1's 5/27/09 PCLP stated she was a 61 year old female whose diagnoses included severe mental retardation. Her record included a consent, dated 11/13/09, for restraint during dental and medical procedures which included	W 300	<b>W 300 483.450(d)(3) PHYSICAL RESTRAINTS</b>  All individuals' IPP's will be reviewed and revised to ensure that they do not include orders for restraints on a standing or as needed basis. All individuals' IPP's will be reviewed quarterly to ensure that they do not include orders for restraints on a standing or as needed basis.  Person Responsible: AQMRP Completion Date: April 4, 2010		

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W 300	Continued From page 13 holding her head and hands. Additionally, a Training Program, revised 6/8/09, stated Individual #1's hands and head needed to be held to ensure her safety during dental procedures.  Individual #1's record did not contain documentation that hand or head restraints had been used for dental or medical procedures.  When asked during an interview on 1/11/10 from 1:00 - 2:10 p.m., the LPN stated Individual #1 did not require the use of restraints for dental or medical procedures. The AQMRP, who was present during the interview, stated the restraint needed to be removed from Individual #1's program.  The facility failed to ensure Individual #1's unused restraint procedures were removed from her program.	W 300			
W 312	483.450(e)(2) DRUG USAGE  Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed.  This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individuals' PCLPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 1 of 3 individuals (Individual #1) whose medication	W 312			

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W 312	<p>Continued From page 14</p> <p>reduction plans were reviewed. This resulted in an individual receiving behavior modifying drugs without plans that identified the drugs usage and how they may change in relation to progress or regression. The findings include:</p> <p>1. Individual #1's 5/27/09 PCLP stated she was a 61 year old female whose diagnoses included severe mental retardation.</p> <p>Individual #1's record included a Pre-Sedation Reduction Plan, dated 11/19/09, which stated she received Valium (an anxiolytic drug) 2 mg prior to dental and medical procedures. Under the "Reduction plan" section it stated the drug would be discontinued if Individual #1 was able to "successfully complete the appointments without the use of the medication." However, the plan did not indicate how many appointments or for how long Individual #1 would have to complete appointments successfully prior to discontinuation of the medication.</p> <p>Additionally, the "Recommended Med reduction [sic] Plan Instructions" section stated "Valium reduced 1mg after one year of exhibiting no negative behaviors (keeping still and no grabbing) during medical and dental appointments/procedures." However, the plan did not indicate if the reduction was to take place after the appointments were completed with "keeping still and no grabbing" when the medication was used or when the medication had not been used.</p> <p>The plan did not include clear instructions as to how the use of Valium for dental and medical procedures would be challenged based upon Individual #1's progress or regression with the</p>	W 312	<p><b>W 312 483.450(e)(2) DRUG USAGE</b></p> <p>All individuals' medication reduction plans will be reviewed to ensure that drugs that are used to control inappropriate behavior are only used as an integral part of their individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. Each plan will be revised to include clear instructions as to how each drug will be used and reduced or challenged based upon progress or regression. All medication reduction plans will be reviewed quarterly to ensure appropriate drug usage is included.</p> <p>Person Responsible: AQMRP Completion Date: April 4, 2010</p>		

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W 312	<p>Continued From page 15 appointments.</p> <p>When asked during an interview on 1/11/10 from 1:00 - 2:10 p.m., the AQMRP stated the medication reduction plan was not clear and needed to be revised.</p> <p>The facility failed to ensure Individual #1's Valium used for dental and medical procedures was incorporated into a plan.</p>	W 312			

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MM164	<p>16.03.11.075.04 Development of Plan of Care</p> <p>To Participate in the Development of Plan of Care. The resident must have the opportunity to participate in his plan of care. Residents must be advised of alternative courses or care and treatment and their consequences when such alternatives are available. The resident's preference about alternatives must be elicited and considered in deciding on the plan of care. A resident may request, and must be entitled to, representation and assistance by any consenting person of his choice in the planning of his care and treatment.</p> <p>This Rule is not met as evidenced by: Refer to W124.</p>		MM164	<p><b>MM164 16.03.11.075.04 DEVELOPMENT OF PLAN OF CARE</b></p> <p><b>Refer To W124</b></p> <p><b>RECEIVED</b></p> <p><b>FEB 08 2010</b></p> <p><b>FACILITY STANDARDS</b></p>	
MM194	<p>16.03.11.075.10(a) Approval of Human Rights Committee</p> <p>Has been reviewed and approved by the facility's human rights committee; and</p> <p>This Rule is not met as evidenced by: Refer to W264.</p>		MM194	<p><b>MM194 16.03.11.075.10(a) APPROVAL OF HUMAN RIGHTS COMMITTEE</b></p> <p><b>Refer to W264</b></p>	
MM197	<p>16.03.11.075.10(d) Written Plans</p> <p>Is described in written plans that are kept on file in the facility; and</p> <p>This Rule is not met as evidenced by: Refer to W289 and W312.</p>		MM197	<p><b>MM197 16.03.11.075.10(d) WRITTEN PLANS</b></p> <p><b>Refer to W289 and W312</b></p>	
MM520	<p>16.03.11.200.03(a) Establishing and Implementing policies</p> <p>The administrator will be responsible for establishing and implementing written policies</p>		MM520	<p><b>MM520 16.03.11.200.03(a) ESTABLISHING AND IMPLEMENTING POLICIES</b></p> <p><b>Refer to W274 and W282</b></p>	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

*Administrator*

*2/4/10*

6699

EZJ11

If continuation sheet 1 of 2

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MM520	Continued From page 1  and procedures for each service of the facility and the operation of its physical plant. He must see that these policies and procedures are adhered to and must make them available to authorized representatives of the Department. This Rule is not met as evidenced by: Refer to W274 and W282.	MM520		